STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265485	A. BUILDING _____ B. WING _____	C 03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK COUNTY NURSING HOME	1260 NORTH JOHNSON STREET KAHOKA, MO 63445

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the	F 550		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Tammy McDaniel-Ramsey | Administrator | 3/21/25

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 550	Continued From page 1 exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide for the rights of one resident (Resident #1), in a review of five sampled residents, when the facility performed a urinary catheterization (a procedure that involves inserting a flexible tube called a catheter into the bladder to drain urine) and obtained a urine drug screen (used to detect illegal and some prescription drugs in the urine) without notification and permission from the resident or his/her emergency contact. The facility census was 54. Review of the facility policy, Resident Rights, undated, showed the following: -It is the goal of the facility to promote and protect the rights as a resident in the facility. The resident has a right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the facility. Therefore, as a resident, you have: -The right to be fully informed, orally and in writing, of your rights; -The right to be fully informed or your total health status, including your medical condition; -The right to refuse your nursing care and medical treatment and to refuse to participate in any experimental research; -The right to have your family and physician promptly notified of significant changes in your medical condition and/or status; -The right to be fully informed in advance of your medical care and treatment and any changes in such care and treatment.	F 550		

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CLARK COUNTY NURSING HOME	**1260 NORTH JOHNSON STREET KAHOKA, MO 63445**

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F 550	Continued From page 2	F 550		

1. Review of Resident #1's face sheet showed the following:
-The resident was his/her own person;
-Three emergency contacts were listed;
-Diagnoses included chronic pain, post-traumatic stress disorder (PTSD, a mental health condition that can develop after experiencing or witnessing a traumatic event), and chronic kidney disease (CKD, a longstanding disease of the kidneys which can lead to kidney failure).

Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/27/25, showed facility staff documented the following:
-Cognitively intact;
-Required substantial to maximal assistance with mobility and toileting;
-Continent of bladder most of the time;
-Did not have a urinary catheter.

Review of the resident's February 2025 physician order sheet (POS), showed an order allowing staff to straight cath (a procedure that involves inserting a flexible tube called a catheter, or cath, into the bladder to drain the urine) the resident PRN (as needed) for urinary retention (inability to empty the bladder), start date 08/08/22, open ended (no stop date). There was no order for urine collection for any type of testing.

Review of the resident's care plan, updated on 02/06/25, showed the following:
-The resident will have positive experiences in daily routine without overly demanding tasks and without becoming overly stressed;
-Respect resident's rights to make decisions.

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CLARK COUNTY NURSING HOME	**1260 NORTH JOHNSON STREET KAHOKA, MO 63445**

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F 550	Continued From page 3 Review of the resident's nursing progress notes, dated 02/08/25 at 10:10 A.M., showed staff documented the resident was alert and oriented times three (cognitively aware of person, place and time). Review of the resident's nursing progress notes, dated 02/14/25 at 3:10 A.M., showed the DON documented the following: -Resident's urine in urinal is dark yellow, has sediment (particles that settle in the urine and creates a cloudiness to the appearance) and foul odor. Urine specimen obtained by straight catheter per clean technique. Dipped here (a urine dipstick test, a quick and simple test using a thin, plastic stick with chemical strips that change color when dipped into a urine sample to detect various substances and potential problems in the urinary tract). Also due to resident's behaviors tested resident's urine for drugs. The results seen show positive results for opioids, tetrahydrocannabinol (THC, the substance that is primarily responsible for the effects of marijuana on a person's mental state) and benzodiazepines (a class of depressant drugs that treat anxiety, insomnia, and seizures). Resident is currently on opioids. Will update the resident's primary care physician (PCP) before the courier is here to pick up the labs. The record showed no documentation the resident had urinary retention or documentation to show staff notified the physician prior to the urine specimen collection per strait catheterization. There was no documentation to show the DON obtained consent from the resident prior to the catheter procedure and/or testing.	F 550		

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F 550	Continued From page 4	F 550		

Review of the resident's nursing progress notes for 02/14/25 showed no documentation that the facility staff called the PCP for an order to perform a straight catheterization of the bladder on the resident, or that staff received an order to perform a urine drug screen.

Review of the resident's nursing progress notes for 02/14/25 showed no documentation that the staff obtained permission to perform a urine drug screen from the resident or his/her first emergency contact.

During an interview on 03/03/25 at 11:30 A.M., the resident said he/she remembered he/she got really sick a few weeks ago and had to go to the hospital, he/she did not recall any details about that time.

During an interview on 03/03/25 at 5:35 P.M. and 03/04/25 at 1:32 P.M., the DON said the following:
-She obtained a urine sample by a straight catheterization (cath) method from the resident due to his/her changes in his/her condition;
-She did not get an order for a straight cath urine drug screen on the resident from the resident's physician;
-She checked the resident's urine sample for drugs because the resident acted "high", his/her demeanor was different, and he/she was joking and smiling even though he/she had changes in his/her physical condition and was possibly getting ill;
-There had been reports that the resident's family had brought in marijuana gummies to the resident in the past, so that was also why she did a urine drug screen;
-She did not get the resident's permission for a

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F 550	Continued From page 5 urine drug screen, and she did not notify his first emergency contact for permission either; -She should have asked the resident's permission before doing a urine drug screen, or contact his first emergency contact if the resident was unable to respond; -The facility did not have a policy for obtaining a drug screen on a resident or following physician orders. During an interview on 03/04/25 at 1:32 P.M., the facility Administrator said the following: -She would expect facility staff to get a physician order and a resident's permission, or the resident's first emergency contact's permission if the resident is unable to speak for themselves, before obtaining a urine drug screen; -The facility did not have a policy for obtaining a urine drug screen on a resident or following physician orders. During an interview on 03/03/25 at 4:30 P.M., the resident's physician said the following: -The facility had the capability to test a urine sample for drugs, including marijuana; -Facility staff should probably get the resident's or family's permission to perform a urine drug screen. MO00249915	F 550		

Missouri Department of Health and Senior Services

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	01480	A. BUILDING: _____ B. WING _____	C 03/04/2025

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A8013	19 CSR 30-88.010(13) Right to Plan Care/Refuse Treatment Each resident shall be afforded the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment and to participate in experimental research only upon his or her informed written consent. If a resident refuses treatment, this refusal shall be documented in the resident's record and the resident, his or her legally authorized representatives or designees, or both, shall be informed of possible consequences of not receiving treatment. II This regulation is not met as evidenced by: Class II Refer to F550	A8013		

PLAN OF CORRECTION

Provider/Supplier Name:	Clark County Nursing Home
Street Address, City, Zip:	1260 N Johnson St. Kahoka, MO 63445
Date of Survey	March 4, 2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F 550	Resident Rights/Exercise of Rights CRF(s): 483.10(a)(1)(2)(b)(1)(2)	
	Clark County Nursing Home had never encountered this set of circumstances prior to this isolated event. Facility failed to obtain written permission or receive verbal consent from resident or family (emergency contacts) prior to collecting a urine sample via a straight cath for a urine drug screen on Resident #1. In the future, Clark County Nursing Home will not obtain urine drug screens on any resident who is suspected of being impaired of illicit drugs and/or overmedicated from prescription drugs. The facility will notify PCP for suspicion of said impairment and await on how to proceed with the medical care for the resident. This will ensure that he/she receives the necessary medical attention and any further treatment they may require. No other residents were affected nor will be affected in the future. ***When a resident exhibits a change in condition, the physician will be notified. After obtaining a physician's order, resident/resident representative will be informed of the order received, and the resident/resident representative will be offered the ability to accept or refuse/decline said order.*** Education will be provided to all ***CCNH employees, at a Mandatory In-Service on 4/9/2025***, discussing the SOD, reviewing the POC and Resident Rights on healthcare. ***Resident rights are reviewed as part of the new hire orientation process, as well as, annually during an All Staff Mandatory In-service:*** This deficient practice will be monitored at monthly Resident Council meetings for 3 months by interviewing residents regarding any violation of their healthcare rights. ***For those residents who do not attend Resident Council, the SSD will randomly interview 2 residents per hall, weekly x4 weeks to determine any potential violations of their resident rights.*** Further monitoring of Resident Rights will be conducted at the monthly Quality Assurance meetings for 3 months to determine compliance.	4/9/2025
A 8013	Refer to F 550	~~4/2/2025~~
		4/9/25

Changed after given verbal permission via phone call with adm Tammy

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.